



**Cabinet for Health and Family Services
Department for Aging and Independent Living**

**PDS Request Form for Immediate Family Member, Guardian, or Legally Responsible Individual as a
Paid Service Provider**

Participant Information:

Name Last:		First:		MI:		Medicaid ID:	
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Provider Information:

Name Last:		First:		MI:		Relationship:	
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Current Case Manager:

Last Name:		First Name:	
Email:		Phone Number:	
Agency:		Agency Provider #:	

Relation (Please check the appropriate box below):

"Guardian" is defined by KRS 387.010(3) for a participant under the age of eighteen (18) and by KRS 387.812(3) for a participant who has reached the age of eighteen (18).	
"Legally responsible individual" means an individual who has a duty under state law to care for another person and includes: (a) A Parent (biological, adoptive, or foster) of a minor child who provides care to the child; (b) The guardian of a minor child who provides care to the child; or (c) A spouse of a participant.	
"Immediate Family Member" is defined by KRS 205.8451(3).	

1. Please tell us what you will be helping the participant with, and how you will be helping with those needs:

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2. Please tell us what assistance you will be providing that is not part of being a paid employee:

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3. Besides the time you have known the participant, what relevant job experience, volunteerism, training, education, and/or certification that has aided you in caring for the participant:

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4. Please tell us the days and times when you would be scheduled to work:

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5. Has the participant looked for other agencies and employees outside the family? If so, why did these agencies and employees not work out?

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6. Please tell us what other programs and services the participant is currently receiving:

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Signature of the Requesting Immediate Family Member, Guardian, or Legally responsible Individual	Printed Name	Date

Signature of the Participant/Guardian	Printed Name	Date

Signature of the Case Manager	Printed Name	Date

August/2015